

# CLAIMS ONLY

Application Number

09/869379

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend	*		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1			/				51						
2				—			52						
3				/			53						
4				/			54						
5				/			55						
6				/			56						
7				—			57						
8				—			58						
9				—			59						
10				—			60						
11			/				61						
12				/			62						
13				/			63						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep			2				Total Indep						
Total Depend			6				Total Depend						
Total Claims			8				Total Claims						